

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | |
|---|-----------------------------------|---|--------------|----------------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>3/7/02</u> | | 2 Serial/Patent # <u>08/990,096</u> | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| | Filing | | | \$ | | | | | | | |
| | Amendment | | | \$ | | | | | | | |
| <input checked="" type="checkbox"/> | Extension of Time | 19 | 1/4/02 | \$ 920 ⁰⁰ | | | | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | | | | |
| | Petition | | | \$ | | | | | | | |
| | Issue | | | \$ | | | | | | | |
| | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| | Maintenance | | | \$ | | | | | | | |
| | Assignment | | | \$ | | | | | | | |
| | Other | | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ 920 ⁰⁰ | | | | | | | |
| | | 8 TO BE REFUNDED BY: | | | | | | | | | |
| 10 REASON: | | Treasury Check | | | | | | | | | |
| | Overpayment | Credit Deposit A/C #: | | | | | | | | | |
| | Duplicate Payment | 9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">6</td><td style="width: 20px; height: 20px;">--</td><td style="width: 20px; height: 20px;">1</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">5</td><td style="width: 20px; height: 20px;">0</td></tr></table> | | | 0 | 6 | -- | 1 | 0 | 5 | 0 |
| 0 | 6 | -- | 1 | 0 | 5 | 0 | | | | | |
| <input checked="" type="checkbox"/> | No Fee Due (Explanation): | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>Cheryl Gibson Baylor</u> | | TITLE: <u>Paralegal</u> | | | | | | | | | |
| SIGNATURE: <u>Cheryl Gibson Baylor</u> | | PHONE: <u>308-5141</u> | | | | | | | | | |
| OFFICE: <u>Office of Petitions</u> | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | |
| APPROVED: <u>Aileen Kelly</u> | | DATE: <u>3-12-02</u> | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: